

Weekly Operational Update on COVID-19

19 April 2021

Issue No. 51



Confirmed cases^a
141 057 106

Confirmed deaths
3 015 043

WHO trains critical care nurses in response to COVID-19

WHO continues to support the occupied Palestinian territory, including east Jerusalem during the COVID-19 pandemic. In March, a training workshop on the treatment of patients suffering from severe COVID-19 was delivered to nurses working in, or who will be assigned to, COVID-19 intensive care units (ICUs). Basic ICU training was already delivered to doctors in December 2020.



Credit: WHO Regional office/EMRO

Ten senior critical care nurses were identified as co-facilitators and lead instructors while virtual meetings with senior critical care nurses took place on a weekly basis to contextualize the training materials to best meet local needs.

A mission was then deployed from the WHO Regional Office for the Eastern Mediterranean to deliver a 3-day training of trainers' workshop in March 2021. Cascade training will be provided to 200 nurses through 10 two-day workshops attended by 20 nurses in each session.

Follow-up support will continue to be provided by WHO to ensure that the nurses are following best practices in the workplace. WHO also conducted an ICU assessment of COVID-19 hospitals and is planning for high dependency units training for doctors in the near future.

For more information, click [here](#).

Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **5 million** people registered on [OpenWHO](#) and accessing online training courses across **30** topics in **50** languages



17 640 008 PCR tests shipped globally



198 747 426 medical masks shipped globally



8 659 511 face shields shipped globally



38 713 700 gloves shipped globally



166 GOARN deployments conducted to support COVID-19 pandemic response



792 796 083 COVID-19 vaccine doses administered globally as of 19 April

^a COVAX has shipped over **39 million** vaccines to **114 participants** as of 16 April

^a See Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data

For all other latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

From the field:

Health for all in India during the COVID-19 pandemic

With the COVID-19 pandemic restricting access to health facilities, health care and frontline workers brought health services to the community in the heavily forested districts of Bijapur, Dantewada and Sukma in the Left-Wing Extremism (LWE)-affected Bastar region in the state of Chhattisgarh. LWE, combined with dense forests, had made many of the areas unserviceable by health care workers, which has resulted in region having some of the poorest health indicators in the country.

WHO is providing technical expertise to the districts as part of its support to the state to reinforce the Health and Wellness Centre (HWC) programme as part of WHO's assistance to support [equitable access to health services](#) at sub-national levels through strengthening of local health systems with a focus on marginalized groups.

Frontline workers tested children for malaria in Bijapur district in door-to-door campaigns in remote areas under the Malaria Mukta Bastar Campaign (Malaria Free Bastar Campaign) and fever clinics were established outside health



Frontline workers testing children for malaria in Bijapur district as part of Malaria Mukta Bastar Campaign Credit: WHO/Dr Varun Kakde

facilities to protect health workers from exposure to COVID-19. A health call centre was established in Dantewada with WHO support to ensure uninterrupted essential health services to the community.

Since early 2019, WHO India has provided technical support to around 50% of existing sub-health centres in all three districts to be revitalized and upgraded to Health and Wellness Centres, which have become pivotal in providing uninterrupted essential health services during the pandemic. WHO provided planning and mentoring support for the reorganization of health services to improve efficiencies of auxiliary nurse midwives, rural medical assistants and community health officers on active surveillance and infection prevention and control (IPC) protocols. Training auxiliary nurse midwives and community health officers led to an increase in the frequency of home visits for COVID-19 surveillance and other health needs, including noncommunicable diseases (NCDs).

“From technical support to capacity building, WHO's support has been indispensable. Collaboration with WHO facilitated strengthening of district health systems for delivering essential health services during the pandemic in addition to the operationalization of quarantine centres, fever clinics, and a dedicated COVID-19 hospital,” said Dr Chandra Bhan Prasad Bansod, Chief Medical and Health Officer and Civil Surgeon, Sukma.

For more information, click [here](#).

From the field:

Brunei Darussalam receives 24 000 COVID-19 vaccines via the COVAX Facility



Maswadi bin Haji Mohsin, Acting Permanent Secretary, Ministry of Health (second from right), Dr Haji Zulaiddi bin Haji Abd Latif, Deputy Permanent Secretary, Ministry of Health (rightmost) and others receive COVAX vaccines at Brunei International Airport. Photo credit: Brunei Darussalam Ministry of Health

On 31 March 2021, 24 000 doses of the AstraZeneca/Oxford COVID-19 vaccine shipped to Brunei Darussalam, arriving on 2 April according to the Regional Office for the Western Pacific.

These COVID-19 vaccine doses are the first of a total of 100 800 doses expected in batches by the end of June by the COVAX Facility.

"WHO is in solidarity with the people of Brunei Darussalam

and partners in welcoming the arrival of the COVID-19 vaccines through the COVAX Facility," said Dr Ying-Ru Lo, Head of Mission and WHO Representative to Malaysia, Brunei Darussalam and Singapore. "Vaccines save lives and the arrival of these vaccines will help protect the priority groups identified by Brunei Darussalam – first and foremost health workers and other front-liners. Getting vaccinated, in combination with other proven public health measures, is a very important step for people to be protected against COVID-19."

It is still important for the public to remain vigilant and continue to take the usual precautions by adopting and practicing preventive measures as recommended, such as avoiding crowded places where possible, practicing physical distancing where necessary, wearing a face mask, staying home when you have flu-like symptoms, as well as frequently washing your hands.

The COVID-19 Vaccination Programme commenced on 3 April 2021, with a vaccination centre in each of the four districts, in three phases according to different priority population groups:

- 1. Phase one:** Front-liners, senior citizens ages 60 and above and students or individuals who will be studying abroad
- 2. Phase two:** Staff working at daycare centres, teachers and adults with comorbidities or at high risk of contracting COVID-19
- 3. Phase three:** Other individuals who are 18 years and above

For the first phase, front-liners, specifically medical staff in Government and private health facilities across the country, will receive the vaccine first, followed by other front-liners.

For more information, click [here](#).

From the field:

WHO supports Government of Nigeria to monitor health inequities and minimize health service disruptions amidst COVID-19 response

The COVID-19 pandemic has disrupted health services across the world, including Nigeria where people like Asabe Audu and Christine had their medical routines interrupted. Asabe Audu, an HIV positive civil servant, noted missing medication for two days, while Christine Agbo, reported missing her “routine blood sugar testing during the pandemic” due to costs.

WHO Nigeria is supporting the Government to monitor health inequities and to strengthen capacities for the use of disaggregated data, based on socio-economic stratification of the population, to drive evidence-based decisions for priority areas for health and health related interventions.

WHO is providing technical support for the policies and strategies that would ensure more people have financial access to quality health services.



Credit: WHO Country office/Nigeria

Catalytic interventions such as the Integrated Medical Outreach, outbreak response to vaccine preventable disease, revitalizing primary health care and improving quality of maternal and child health services, are geared towards mitigating the inequities in health service delivery. This is supported by commitments from the government to a more systemic approach in addressing challenges with human resources needs, information management and use and sustainable financing in the health system.

“To improve this situation, we need to act on the social and economic determinants of health, by working across sectors to improve living and working conditions, and access to education, particularly for the most marginalized groups. Communities need to be engaged as partners, through their networks and associations, to shape and drive health and development interventions” stated Dr Walter Kazadi Mulombo, WHO Nigeria Country Representative.

For more information, click [here](#).

From the field:

WHO Regional Office for Europe workshop and technical dialogue on COVID-19 surveillance, testing and contact tracing with the Regional Hygienic Stations in the Czech Republic

On 13 April, the WHO Regional Office for Europe, in collaboration with the WHO Country Office in the Czech Republic, held a workshop and technical dialogue on COVID-19 contact tracing and testing strategies with the newly appointed Chief Public Health Officer, representatives from the Czech National Institute of Public Health and the Regional Hygienic Stations.

In the Czech Republic, the Regional Public Health authorities (Hygienic Stations) play a significant role in the health system with responsibilities for a range of public health services, including epidemiological surveillance, emergency health measures, immunization logistics, and certifications and authorizations.



Throughout the COVID-19 pandemic, the Hygienic Stations proved crucial for testing, tracing and isolating and quarantining COVID-19 cases and contacts. Following the end of the state of emergency on 11 April 2021, public health measures and epidemiological follow-up responsibilities will primarily be at the regional level. These 14 regional public health offices are coordinated by the Chief Public Health Officer (Chief Hygienist) who is also the Deputy Minister of Health.

The virtual workshop held this week aimed to facilitate knowledge exchange and support regional authorities in further strengthening their response within the context of a sustained period of intense transmission, health workforce limitations, and changes in the command and control structure of the response. WHO shared advice and experiences from other settings on improving efficiency in contact tracing, especially during intense COVID-19 transmission when contacts may need to be prioritized (i.e., those with a higher degree of vulnerability and those with more contacts). Indicators were proposed to measure the performance of the current contact tracing system. Testing strategies were discussed, highlighting the merits of both RT-PCR and Antigen detecting Rapid Diagnostic Tests (Ag-RDT) in national testing strategies.

This forum allowed collaboration between WHO, the Ministry of Health and the Regional Hygienic stations, and provided an exchange on lessons learned, best practices and evidence to advocate for policy changes in future. Follow-up meetings may include sessions to examine the relaxation of public health and social measures in the Czech Republic using targets and thresholds set at regional levels.



From the field:

Addressing the mental health needs of the Nepali people during the COVID-19 pandemic

Since the COVID-19 pandemic, the prevalence of mental disorders, such as depression and anxiety, is expected to rise.

"The consequences of this health and social crisis are likely to get more pronounced among vulnerable population[s]" such as healthcare workers, older adults and persons with both physical and psychosocial disabilities noted Dr. Rajesh Sambhajirao Pandav, WHO Representative to Nepal.

WHO assisted the Ministry of Health and Population in developing a COVID-19 Mental Health & Psychological Support (MHPSS) intervention framework to continue delivering essential mental health services. A National Mental Health Strategy and Action Plan has been brought into implementation which aimed to improve access to quality essential health services.

The WHO and International Committee of the Red Cross Guideline of Psychological First Aid was translated and adapted to national context in collaboration with the Nepal Association of Clinical Psychologist in April 2020. This [document](#) served as a guide to Nepal's unique needs in the planning phase.

The WHO Country Office for Nepal held regular mental health sub-cluster meetings to coordinate work among partners, and results through 2020 from concerted actions are as follows:

- more than 40,000 people received psychosocial support in some form;
- more than 20,000 children and adolescents were provided with essential mental health support;
- more than 3,000 health care providers were reached through stress management workshops and webinars on their mental health needs;
- more than 160 community psychosocial counsellors were trained;
- more than 500 FM radio stations across the country were engaged to disseminate messages; and
- partners operationalized several helpline services.

An online platform was also developed to support mental health needs of the health care providers which contained tips on mental health care, modules on stress management, webinars, audio-visual and Information, Education and Communication (IEC) materials, self-screening tools, and appointment and follow up services.

For further information, click [here](#).

Partnerships

The Global Health Cluster - GHC



The Global Health Cluster (GHC) hosted the 27th annual [Partner Meeting](#) virtually this week from 14 - 15 April, to continue sharing good practices, lessons learned and updates on current work and developments.

The meeting featured a session on COVID-19 vaccination in humanitarian settings and the GHC [COVID-19 Task Team](#) presented on the roles and objectives of its newly formed COVID-19 Vaccine Working Group. The Global Health Cluster and the focal point for the WHO/Inter-Agency Standing Committee (IASC) Decision Group presented on the humanitarian buffer and facilitated a Q&A session.

All presentations from the Partner Meeting and the Note for the Record will be shared with participants and on the [Global Health Cluster website](#).



Public health response and coordination highlights

At the UN Crisis Management Team (CMT) meeting on 15 April 2021, **WHO** briefed on the epidemiological situation, reporting that new COVID-19 cases rose for the seventh consecutive week, and the number of new deaths increased for the fourth consecutive week.

WHO reported that the largest increase in cases was observed in the South East Asia and Eastern Mediterranean regions. **WHO** noted a worrying shift in some parts of South America, with increased incidence among younger populations.

WHO continues to monitor the spread and impact of SARS-CoV-2 Variants of Concern (VOCs). A decision framework for assessing the impact of SARS-CoV-2 VOCs on public health interventions is being developed following a global consultation on 29 March 2021. This will enable WHO to systematically collect and assess the evidence available, and, if necessary, to update guidance for countries on adjustments to public health and social measures.

UN agencies and partners were encouraged to continue advocating for countries to take a comprehensive approach in managing the pandemic. **UNICEF** underscored the tension between health considerations and livelihoods faced by many people around the world, particularly some parts of Africa. Emphasizing the importance of communications, UNICEF also noted that mixed and confusing messages in the media about vaccines is contributing to hesitancy and fatigue among populations and called for consistent international messaging on vaccines.

During the meeting, **WHO** also provided an update to the CMT on the progress of COVID-19 vaccine roll out, highlighting that unequal distribution of vaccines between and within countries is driving transmission and costing lives.

To date, high-income countries have administered, on average, 144 times more vaccine doses per 100 people than low-income countries, which is a striking differential in doses administered by income level. Further, underscoring this disparity, to date, approximately 89% of all vaccine doses administered to date globally have been administered in high-income and upper-middle income countries.

All of this highlighting the need for global solidarity in reaching at-risk groups rapidly and efficiently.

COVID-19 Preparedness

Closing Meeting of the Technical Working Group on “Advancing health emergency preparedness in cities and urban settings in COVID-19 and beyond”

Since the earliest stages of COVID-19, cities have been national epicentres of the pandemic and lessons to date have highlighted that these settings need to be better prepared for concurrent and future health emergencies. WHO and the Government of Singapore established a technical working group on urban preparedness, meeting six times between February 2021 to April 2021, including a final meeting last week. Members included representatives from Member States across all WHO regions, partners, city networks, international organizations and the three levels of WHO.

In these meetings, members shared their experiences of COVID-19 in cities, discussed challenges in urban preparedness, explored potential solutions, roles of stakeholders, and the tools and resources necessary for risk assessment, gap analysis and capacity building.

Members agreed on the following ten overarching key messages:



1. Health emergencies preparedness in cities and urban settings must be a priority at the highest level of government;
2. Preparedness goes beyond the health sector, especially at the level of service delivery;
3. Strengthened urban preparedness requires adequate investment;
4. It is critical to ensure that local / city level governments and communities are involved in national health emergency preparedness planning and activities;
5. Developing city-specific approaches to health emergency preparedness is paramount;
6. Involvement of urban communities, and their groups most at risk of vulnerability, is key to resilience and successful all-hazard risk management;
7. The improved use of local level data for action can help cities be better prepared;
8. There are many tools relevant to cities, but local governments need specific and targeted ones for health emergency preparedness;
9. Global solidarity is key to effective preparedness - even at the local, urban level;
10. Support to countries from the international system can be better consolidated and aligned;

The meeting was closed by WHO Assistant Director-General Dr Jaouad Mahjour and the Deputy Secretary for Health of the Republic of Singapore, Dr Benjamin Koh who reiterated the importance of continued discussions and further work to advance urban preparedness.

WHO is finalising a meeting report and developing technical guidance on strengthening health emergency preparedness in cities and urban settings for use by national and local governments based on the working group’s inputs and recommendations to be published mid-2021.

COVID-19 Partners platform



For a public health response to an outbreak to be efficient, equitable, and inclusive of economic, social and humanitarian considerations, extensive strategic planning is required. The Partners Platform was created to support countries to develop a thorough emergency response, such as ensuring “last-mile” vaccine delivery through its role in coordinating applications for countries participating in the COVAX Facility and its real-time tracking of vaccine contributions and country needs.

Due to the increasingly growing role of Partners Platform to meet country needs, it is now in a unique position to support countries with operational readiness to limit the impact of future and concurrent acute emergency health risks. Operational readiness builds from an all-hazards preparedness approach, and readies hazard-specific operational response capabilities identified through risk assessments and prioritization exercises.

This aligns with the COVID-19 Strategic Preparedness and Response Plan (SPRP 2021) [Operational Planning Guideline](#), which recommends evaluating national and subnational capacities to be operationally ready for and to respond to concurrent emergencies. Countries facing multiple emergencies are also recommended to align coordination, planning, financing and monitoring for COVID-19 response with broader emergency coordination.

WHO is thus expanding the Partners Platform’s primary capabilities developed during the COVID-19 response (action checklists based on a strategic preparedness and response plan; country resource needs; and contribution mapping from donors and partners) to include operational readiness in the African Region, where two countries face concurrent emergencies with the COVID-19 pandemic and a current Ebola virus disease (EVD) outbreak, and 10 neighbouring countries face the risk of a simultaneous EVD outbreak.

WHO is collaborating across levels with the Regional Office for Africa to respond to the outbreaks in affected and at-risk areas, including through updating their national preparedness and response plans for EVD and their resource needs on the Partners Platform. The 12 countries can then track national implementation against the action checklist, in alignment with the strategic preparedness and response plan and operational guidelines for EVD, within the Partners Platform. In preparing strategic readiness and response plans for neighboring countries prior to the outbreak potentially crossing borders, rapid and precise actions will be enabled to minimize the outbreak’s impact.

Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO/PAHO-procured items that have been shipped as of 13 April 2021.

Shipped items as of 13 April 2021	Laboratory supplies			Personal protective equipment					
	Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks
Africa (AFR)	718 250	3 923 105	1 871 362	1 473 890	12 224 300	223 570	1 741 279	53 467 400	2 768 630
Americas (AMR)	7 479 900	1 046 132	10 550 962	3 333 200	4 752 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	1 178 300	1 625 220	1 852 360	954 985	7 613 000	206 480	839 322	27 317 550	1 502 095
Europe (EUR)	509 000	653 700	609 520	1 756 900	8 938 900	414 860	1 757 548	40 911 500	5 423 350
South East Asia (SEAR)	1 440 000	3 185 800	2 408 970	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		228 500	346 834	768 700	3 060 000	311 927	463 710	14 974 146	2 102 035
TOTAL	11 325 450	10 662 457	17 640 008	8 659 511	38 713 700	1 566 287	6 970 179	198 747 426	20 070 365

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

For further information on the **COVID-19 supply chain system**, see [here](#).



Appeals

WHO's [Strategic Preparedness and Response Plan](#) (SPRP) 2021 is critical to end the acute phase of the pandemic, and as such the SPRP is an integrated plan bringing together efforts and capacities for preparedness, response and health systems strengthening for the roll out of COVID-19 tools (ACT-A). Of the US\$ 1.96 billion appealed for, US\$ 1.2 billion is directly attributable towards ACT-A, and as such also part of the ACT-A workplan. In 2021 COVID-19 actions are being integrated into broader humanitarian operations to ensure a holistic approach at country level. US\$ 643 million of the total appeal is intended to support the COVID-19 response specifically in countries included in the Global Humanitarian Overview.

WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to give fully flexible funding for SPRP 2021 and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies intended for countries.

SPRP 2021 Requirements US\$ 1.96 billion

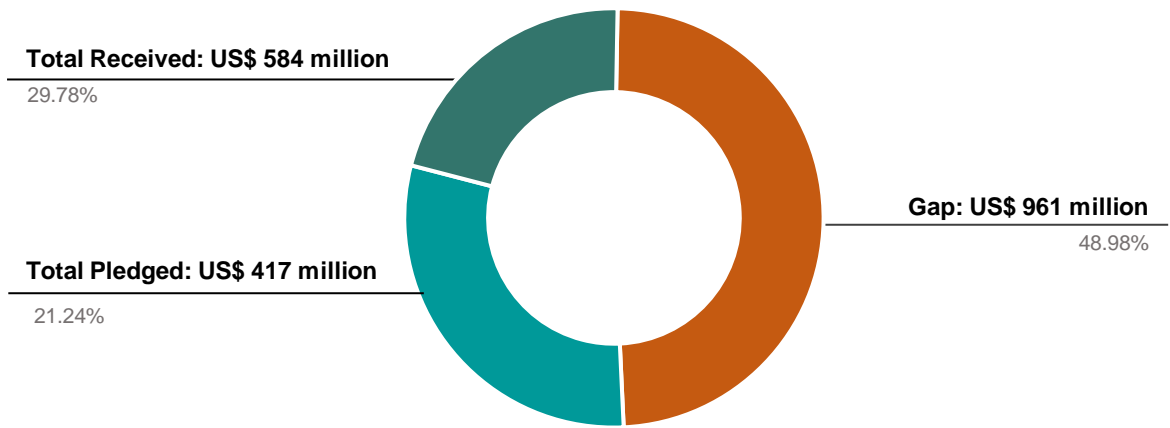


- Total WHO requirement under SPRP 2021
- Proportion of requirement attributed to ACT Accelerator*

**Of the total US\$1.96 billion WHO requirement, US\$1.22 billion (62%) counts towards WHO's requirement for the Access to COVID-19 tools accelerator*

Contributions to WHO for COVID-19 appeal

Data as of 13 April 2021



The 2021 SPRP priorities and resource requirements can be found [here](#). The status of funding raised for WHO against the SPRP can be found [here](#).



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 2 April 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 246 million from more than 664 403 donors.

The world has never faced a crisis like COVID-19. The pandemic is impacting communities everywhere. It's never been more urgent to support the global response, led by the World Health Organization (WHO).

More than **US\$ 246 Million**



664 403 donors

[individuals – companies – philanthropies]

Pandemic learning response

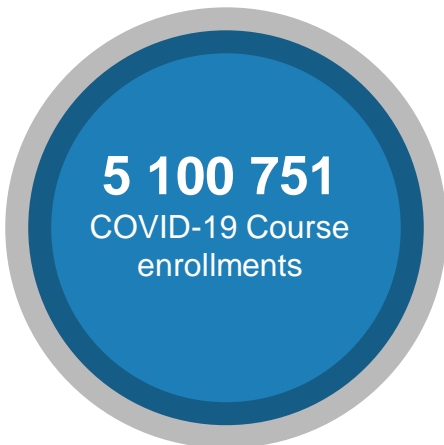
WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](#).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.

Real-time training for COVID-19
Free online courses from WHO

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

[OpenWHO.org](#)



30 topical COVID-19 courses

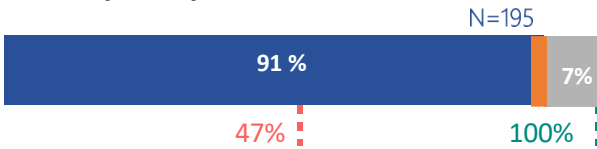
50 languages

Over 2.8 million certificates

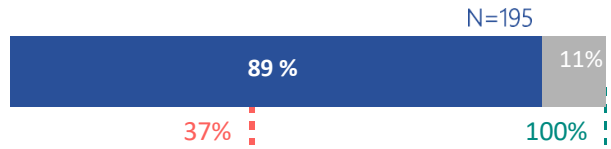


COVID-19 Global Preparedness and Response Summary Indicators ^a

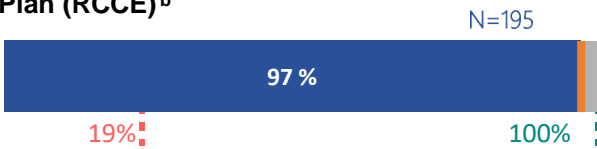
Countries have a COVID-19 preparedness and response plan



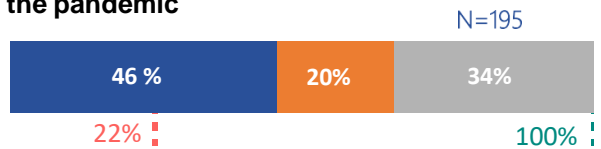
Countries have a clinical referral system in place to care for COVID-19 cases



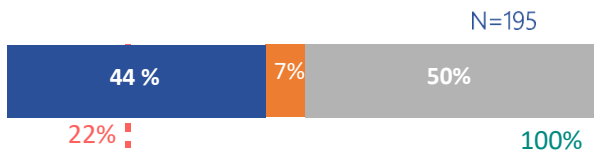
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE)^b



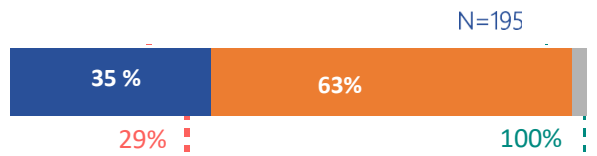
Countries that have defined essential health services to be maintained during the pandemic



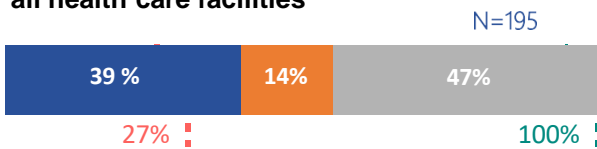
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



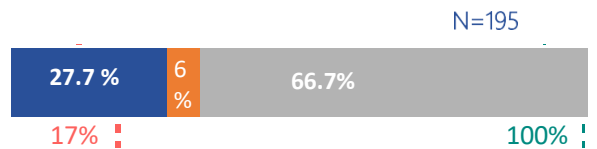
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



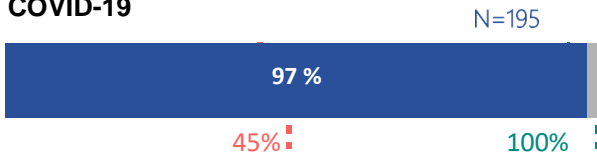
Countries with a national IPC programme & WASH standards within all health care facilities



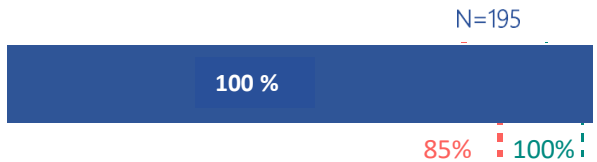
Countries have a health occupational safety plan for health care workers



Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



Countries have COVID-19 laboratory testing capacity



Legend



Notes:

a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." b Source: UNICEF and WHO

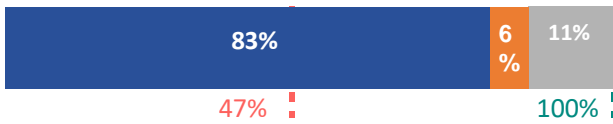


COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

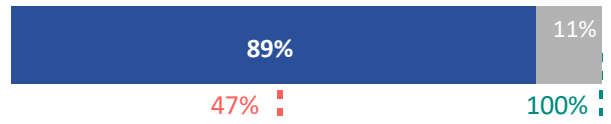
Priority countries with multisectoral mental health & psychosocial support working group

N=64



Priority countries with an active & implemented RCCE coordination mechanism

N=64



Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c

N=64



Priority countries with a contact tracing focal point

N=64



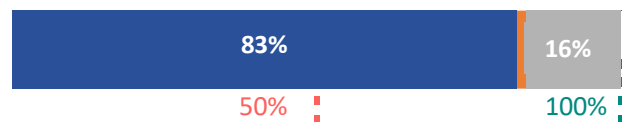
Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting

N=64



Priority countries with an IPC focal point for training

N=64



Legend

- Yes (Blue square)
- No (Orange square)
- No information (Grey square)
- Baseline value (Red dashed line)
- Target value (Green dashed line)

Notes: ^c Source: WHO Immunization Repository

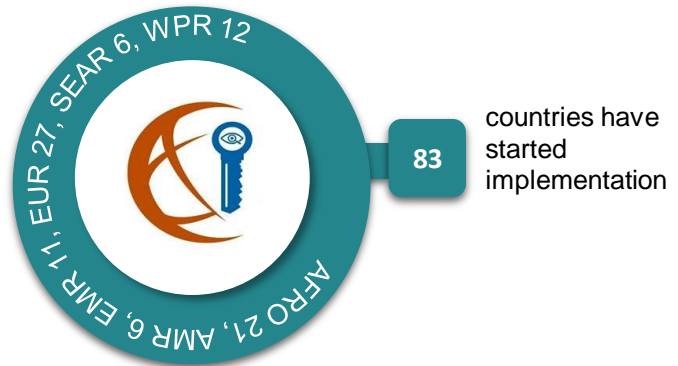


The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

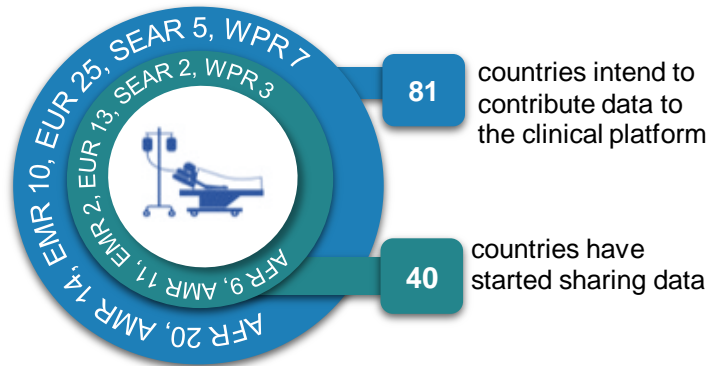
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

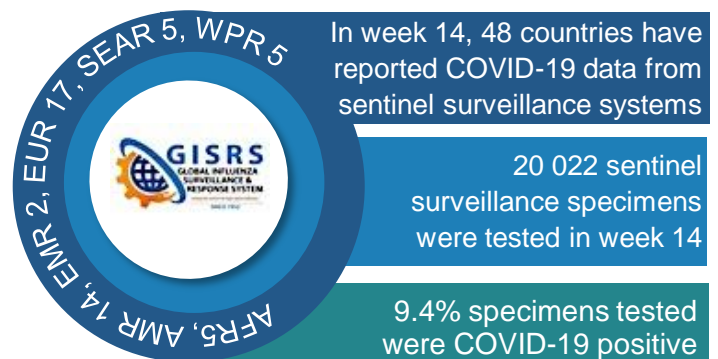
WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance.

Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of SARS-COV-2





Key links and useful resources



GOARN

For updated GOARN network activities, click [here](#).

WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection, published December 2020, click [here](#).

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 13 April **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

- a special focus update is provided on SARS-CoV-2 variants

News

- For the statement on the occasion of the holy month of Ramadan by Dr Ahmed Al-Mandhari, Regional Director for the Eastern Mediterranean, click [here](#).
 - *The COVID-19 pandemic is still a real and present threat. This Ramadan, it is more important than ever to remain vigilant and make compromises for the sake of our health, as well as the health of our communities and loved ones.*
- For the open call for applications (due 9 May) for the WHO training in infodemic management, click [here](#).